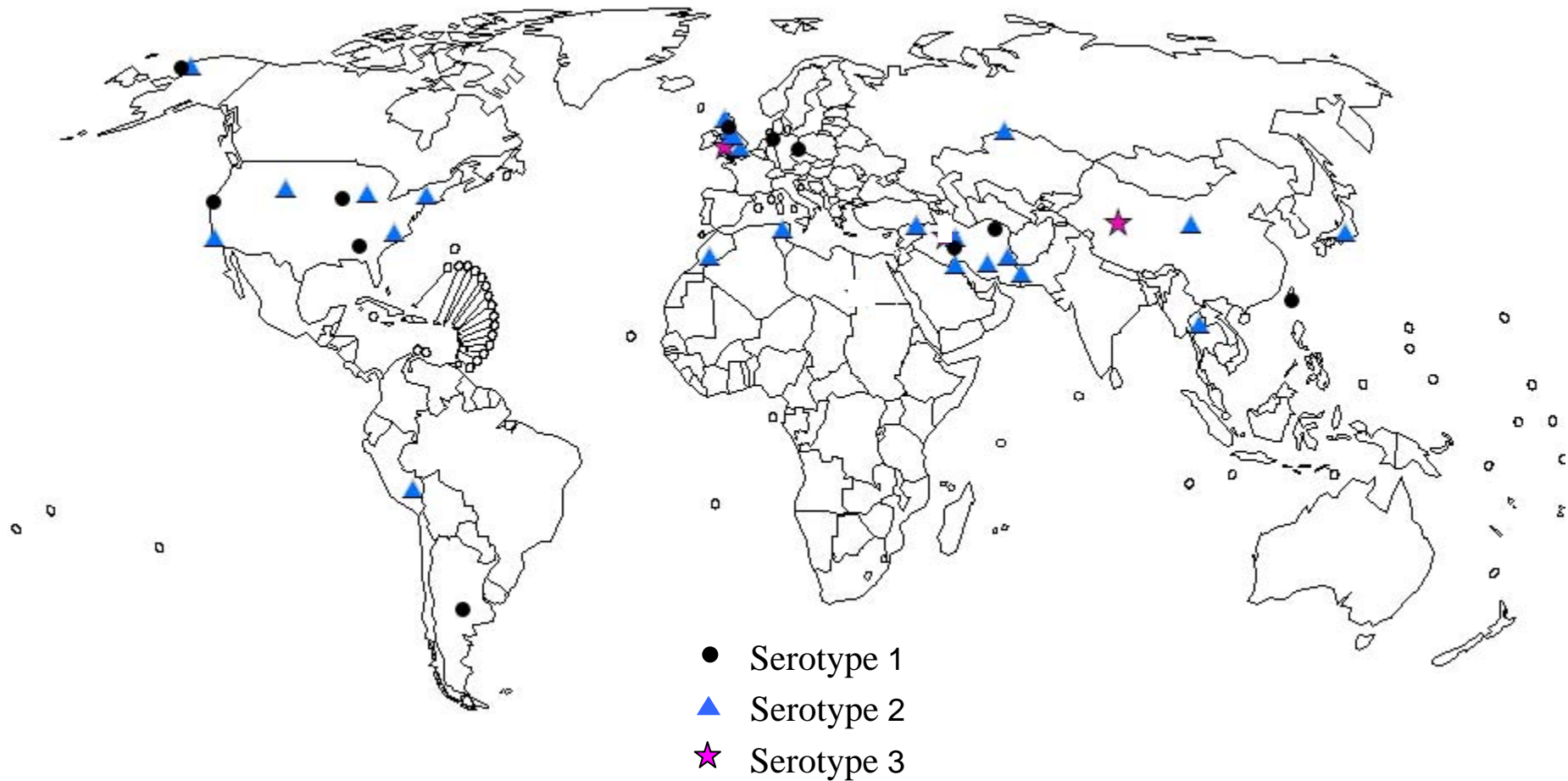


# Location of Reported iVDPV Cases

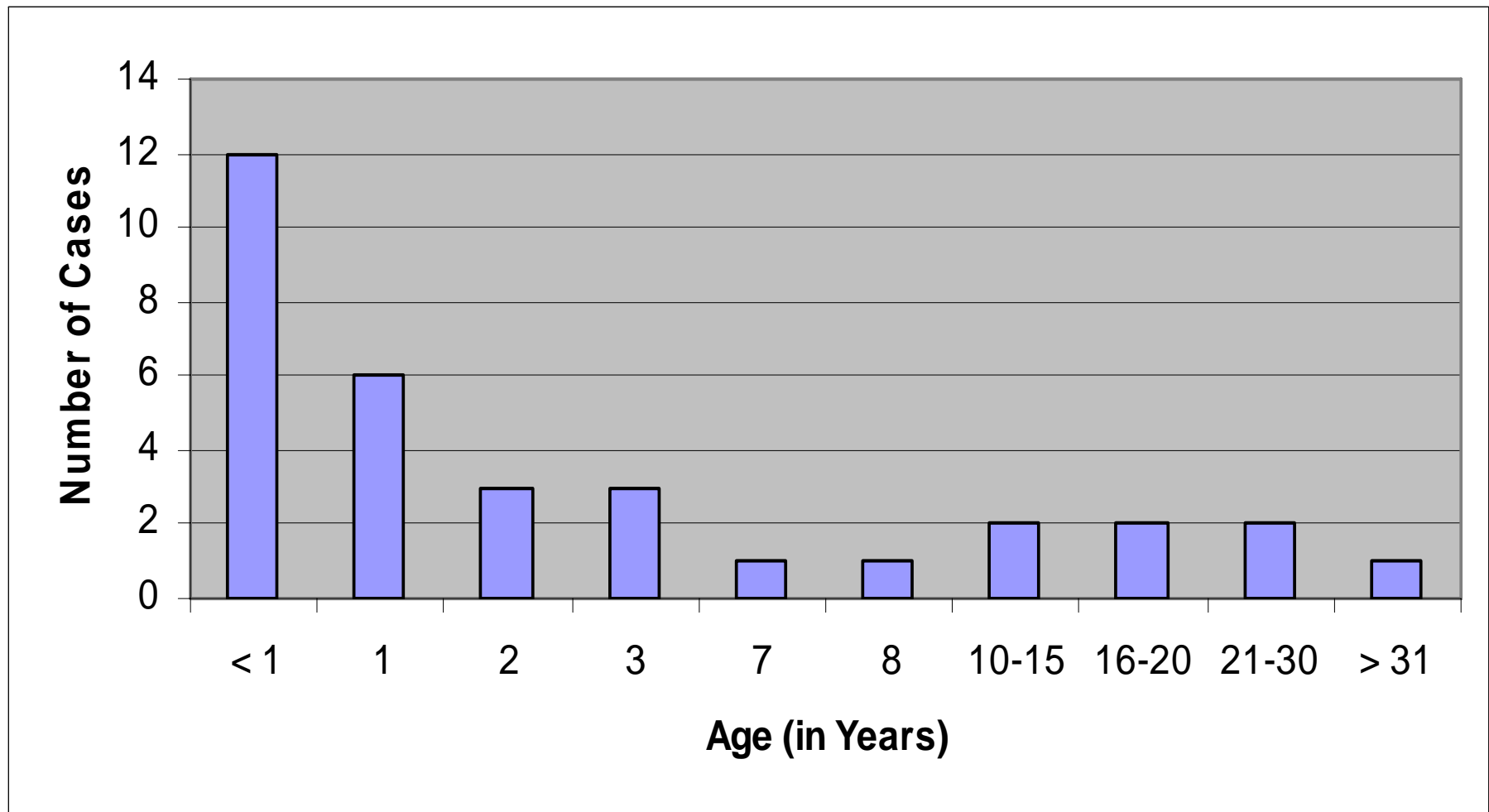


The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

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# Age at Diagnosis



# Length of Excretion (by Immunodeficiency Diagnosis)

	Prolonged (16)	Chronic (6)
<b>Diagnosis</b>		
Hypogamma	4	0
Agamma	4	0
XLA	1	1
SCID	1	1
CVID	4	4
MHC II	1	0
Ab Deficiency	0	0
ICF	0	0
Unknown	0	0
None	1	0

\*Excretion Interval Unknown = 8

\*Unvaccinated = 3

# Treatments

1. Pleconaril
2. Shigella
3. Superinfection
4. Oral Immunoglobulin
5. Breast milk
6. Ribavirin and breast milk

1. Few immunodeficient patients given OPV go on to become chronic excretors of virus (about 2/30 in the MRC study). It is not known why they become long term excretors of virus.
2. Most chronic excretors stop spontaneously after less than three years. It is not known why they stop.
3. Some go on for a very long time.
4. Searches for long term excretion of polio in HIV infected individuals have not found any.
5. Systematic searches for long term excretors in immunodeficients have also not found them. They have been identified by chance or because they have developed poliomyelitis.